

Montana Department of Public Health & Human Services

ANNUAL IMMUNIZATION STATUS REPORT OF PUPILS ATTENDING MONTANA PUBLIC AND PRIVATE SCHOOLS

Name of School _____

Submitted By _____

Address _____

Title _____

City _____

Zip Code _____

Phone Number _____

County _____

Date report completed _____

District _____

Public School ☐

Private School ☐

PURPOSE OF FORM: This is a worksheet to help schools identify all pupils attending who are not fully immunized for each disease category. Reporting of each pupil's immunization status regarding these diseases is required by law (Sec. 20-5-408, MCA) and administrative rule (37.114.720, ARM).

GRADE	NUMBER OF PUPILS ENROLLED	NUMBER OF PUPILS CONDITIONALLY ATTENDING	NUMBER OF PUPILS WITH MEDICAL EXEMPTION	NUMBER OF PUPILS WITH RELIGIOUS EXEMPTION	NUMBER OF PUPILS WITH NO IMMUNIZATION RECORD	NUMBER OF PUPILS WITH 2 DOSES OF MMR	NUMBER OF PUPILS WITH 3+ DOSES OF IPV/OPV	NUMBER OF PUPILS WITH 4+ DOSES OF DTP/DTAP	NUMBER OF PUPILS WITH Td/Tdap Booster
K									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									